

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

64/328828

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		0				
3		/					53		0				
4		/					54		/				
5		/					55		/				
6		0					56		/				
7		0					57	/					
8		/					58		/				
9		/					59		/				
10	/						60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		0				
15		/					65		/				
16		/					66		/				
17		0					67						
18		/					68						
19	/						69						
20		/					70						
21		/					71						
22		/					72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27	/						77						
28		/					78						
29		0					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35	/						85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41	/						91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	8						TOTAL IND.						
TOTAL DEP.	58						TOTAL DEP.						
TOTAL CLAIMS	66						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS